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Bib Data Sheet

CONFIRMATION NO. 7242

SERIAL NUMBER 09/939,863	FILING DATE 08/27/2001 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. Praxis-3	
APPLICANTS Michael Milbocker, Holliston, MA; ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/692,963 10/20/2000 <i>Lacyk ; case transferred to us from AU3736</i> ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/11/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 7
ADDRESS Donald N. Halgren 35 Central Street Manchester, MA 01944					
TITLE Surgical repair of tissue defects					
FILING FEE RECEIVED 578	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		